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Application Number		Dra
Filing Date	September 14, 2000	ACCEM!
First Named Inventor	Judith E. Kimble	RECEIVE
Examiner Name	R. Shukla	- FEB 0 5 50
Group Art Unit	1632 IEC	HCELD
Attorney Docket No.	960296.96650	T CENTER 1600 Par

METHOD OF PAYMENT	FEE CALCULATION (continued)	11760		
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES			
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Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification			
ayment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamina	tion		
Check Credit card Money Order Other	Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
BASIC FILING FEE	115 110 215 55 Extension for reply within first month			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (S) Code (S)	116 400 216 200 Extension for reply within second month			
Code (\$) Code (\$)	117 920 217 460 Extension for reply within third month			
101 740 201 370 Utility filing fee	118 1,440 218 720 Extension for reply within fourth month			
106 330 206 165 Design filing fee		├ 		
107 510 207 255 Plant filling fee	119 320 219 160 Notice of Appeal	1		
108 740 208 370 Reissue filing fee	400 occ			
114 160 214 80 Provisional filing fee	a biler in support of an appeal			
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SUBTOTAL (1) (\$) EXTRA CLAIM FEES	138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable			
Fee from	- unavoidable	 		
Claims below Fee Paid	141 1,280 241 640 Petition to revive - unintentional 142 1,280 242 640 Utility issue fee (or reissue)			
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	144 620 244 310 Plant issue fee	 		
	22 130 122 130 Petitions to the Commissioner	 		
		 		
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morupie dependent claim, if not paid	(5. 5.1(§ 1.129(8))			
over original patent	examined (37 CFR § 1.129(b))			
18 210 9 ** Reissue claims in excess of 20 1 and over original patent	79 740 279 370 Request for Continued Examination (RCE)			
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number previously paid, if greater; For Reignues, see above	educed by Basic Filing Fee Paid SURTOTAL (2) (\$)			

SUBMITTED BY		Paid	SUBTOTAL	. (3) (\$)
Name (Print/Type)	Zhibin Ren	Registration No	Complete (i	(applicable)
Signature	Zento Ba	(Attorney/Agent) 47,897	Telephone	608-251-5000
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